

**Other Requirements**

Complete as appropriate (the qualified safety/health professional may require additional reviews).

**Worker Information**

All requested information must be provided except worker information may be provided on 442.01A# (this form), 442.01B# (Safe Work Permit Continuation Sheet), or 434.15# (Pre-Job Briefing Attendance Record). The worker information is left blank if Form 434.15#, Pre-Job Briefing Attendance Record, is completed and a copy attached to this permit.

Training current indicates that the worker has the training required for the hazard or protective measures, (for example, respirator training is current and fit testing verified for respirator type identified).

Note: If the supervisor (or designated alternate) cannot complete any portion of Section I, the appropriate representative (such as industrial safety, industrial engineer, fire protection, or training) is to be contacted to supply necessary supplemental information. The job supervisor retains the primary responsibility to complete this section. Additional employees may be added to the SWP without revising the form or obtaining reapproval.

Note: One pre-job briefing per job will satisfy the requirements of more than one work control document (such as, a procedure, work order, Safe Work Permit, Radiological Work Permit). In such a case, complete Form 434.15# to allow workers to indicate only once that they attended the briefing. As necessary, copy Form 434.15# and attach it to this permit and any other work control documents. Form 434.15# is only attached when used in conjunction with other work permits or work control documents for one-time recording of the pre-job briefing attendance for the multiple documents. (See MCP-3003, Performing Pre-Job Briefings and Post-Job Reviews.)

**Section II**

The job safety representative (qualified safety/health professional) is to review the information presented in Section I and input additional information on protective requirements, as appropriate.

The job safety representative is to obtain necessary information from appropriate personnel and review the work location, as appropriate, prior to completing this section.

The job safety representative may be an industrial safety specialist, industrial hygienist, fire protection specialist, or designated construction project safety representative.

**Section III**

The area supervisor is that individual who is ultimately responsible for the facility area or facility system(s) in or on which the hazardous work will be performed.

The area supervisor will review the information presented in Section I and input additional information, as appropriate.

The area supervisor will obtain necessary information from appropriate personnel and ensure that the work area and associated systems are in safe configuration for work to proceed, as applicable to their scope of responsibility, prior to completing this section.

**Section IV**

The job supervisor or designated alternate is to complete this section.

This individual is to ensure that this form has been completed and that each worker is aware of the associated job hazards and job requirements to conduct the work safely.

The SWP is to be filed in accordance with document retention requirements of the National Archive and Records Administration general records schedule.

## OTHER REQUIREMENTS

No.: \_\_\_\_\_

### Other Reviews\*

Signature

Date

### Other Permit Documentation\*

- ☐ Industrial Hygiene: \_\_\_\_\_
- ☐ Fire Protection: \_\_\_\_\_
- ☐ Other Safety: \_\_\_\_\_
- ☐ Other Affected Contractor: \_\_\_\_\_
- ☐ \_\_\_\_\_

- ☐ Rad Work Permit: \_\_\_\_\_
- ☐ Outage Permit: \_\_\_\_\_
- ☐ Excavation Permit: \_\_\_\_\_
- ☐ Confined Space Entry Permit: \_\_\_\_\_
- ☐ Explosive Permit: \_\_\_\_\_
- ☐ Exposure Assessment: \_\_\_\_\_
- ☐ Health & Safety Plan: \_\_\_\_\_
- ☐ Job Safety Analysis: \_\_\_\_\_

\* Other Signature/Permits May Be Required

Special Training: \_\_\_\_\_

### WORKER INFORMATION

Names of Workers (print)	Training Current (supervisor initials)	S# (or visitor badge #)	Craft	Company Name	Prejob*	Initials**

- ☐ See continuation sheet (Form 442.01B#) for additional names
- ☐ Form 434.15#, Pre-Job Briefing Attendance Record attached, provides worker information.

\* Prejob briefing date

\*\* Each worker shall initial in the space next to name after receiving briefing and reading the completed form.

### Section II - JOB SAFETY REPRESENTATIVE

The SWP has been reviewed regarding hazards, protective requirements, and controls to verify adequacy for safe work to be performed. This is certification that a hazard assessment has been completed.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section III - AREA SUPERVISOR(S) [or Designee]

All known safety factors have been considered and dealt with satisfactorily. I have satisfied myself that all affected personnel have been made aware that this work is in progress.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section IV - JOB SUPERVISOR

Associated hazards and protection requirements have been identified. Will review job and associated hazards with workers listed in Section 1. Approved job to be performed according to listed requirements. Ensured that all necessary safety training for workers is current and consistent with requirements of Section 1.

Supervisors name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Area inspected by (printed): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Optional)

Return original, complete with signatures for filing following job completion.  
**A LEGIBLE COPY OF THE SWP MUST BE ACCESSIBLE AT THE JOB SITE.**